Indiana Registered Nurse (RN) E-Survey Database

Workshop for the Indiana State Nurses Association

February 11, 2005

- I. Dimensions and Limitations of RN 2003 E-Survey Database
 - A. Database contains data on only those RNs who renewed electronically and who chose to respond to the e-survey (47,596), about 66.7 percent of all RNs who renewed their license during the 2003 renewal period (Response Rates, pp. 3-12)
 - B. Caution must be exercised in using these data to profile RNs with an Indiana license. The survey data encompass only 47,596 RNs out of over 71,000 RNs who renewed their license in 2003. The group represented by the e-survey data is a self-selected group (those who chose to renew electronically and who also chose to respond to at least one question on the e-survey). It is not a random sample of RNs with an Indiana RN license. Furthermore, the Indiana State Department of Health has the discretion under the Indiana Access to Public Records Act to keep responses from the voluntary service questions confidential. Therefore, the publicly-available database contains e-survey responses from 47,589 respondents.
- II. RN E-Survey (pp. 13-16) and RN E-Survey Data Dictionary (pp. 17-20)
 - A. Coding of E-Survey Questions/Responses
 - B. Principal Data Elements in the RN 2003 E-Survey Database
 - 1. E-Renewal v. No E-Renewal: HPBLICNUM & LICNUM04
 - 2. Work status: WORKSTAT03
 - 3. Location: PRINZIP03 (Caution--raw data)
 - a. INPRIN03
 - 4. Position, Setting & Hours: PRINPOS03, PRINSET03, PRINHRS03
 - 5. Position activities: POSACT03 and related fields
 - 6. Education: HDN03 and HD03
 - 7. Other variables: PRINMORE03

Report to Indiana State Board of Nursing¹

Preliminary Results--Indiana Registered Nurse E-Survey, 2003

August 2004

- Of the 81,073 RNs whose licenses were up for renewal in 2003, 88.0 percent renewed (Chart A) and 71.4 percent of these renewed electronically (Chart B).
- Chart C shows that younger RNs tended to utilize e-renewal in greater proportions than older RNs. However, even among older RNs, the majority used e-renewal.
- As Chart D shows, RNs with an Indiana mailing address used e-renewal in greater proportion than RNs elsewhere (72.4 percent compared to 64.7 percent).
- The ISDH RN survey was attached only to the e-renewal because of cost and process issues associated with paper surveys. Therefore, only RNs using erenewal had access to the e-survey. Of RNs who renewed electronically, 93.4 percent chose to answer at least one question on the e-survey. (Chart E)
- **Chart F** illustrates that RNs with an Indiana mailing address were slightly more likely to respond to the e-survey.
- Taking into account all RNs (including the RNS who chose to renew by paper), the overall response rate to the e-survey was 66.7 percent (Chart G).
 Improvement of the e-renewal rate would most likely result in a higher e-survey response rate.
- Chart H shows that a large proportion of employed RNs responded to the esurvey, although the number was significantly less than the number responding to the 2001 paper survey.
- Chart I illustrates the 2001 employment settings of active Indiana RNs who
 responded to the 2001 survey, but who renewed their license by paper in 2003
 and who therefore could not respond to the e-survey. If more outreach and
 publicity concerning e-renewal are targeted these settings prior to the 2005
 renewal cycle, e-renewal rates and e-survey response rates might substantially
 increase.
- LPNs were surveyed in the 2004 license renewal cycle. As with the RNS, the survey was in electronic form only and covered the same topic areas as the RN survey (professional characteristics, volunteer service, and demographics). This will be the first ever survey of Indiana-licensed LPNs.

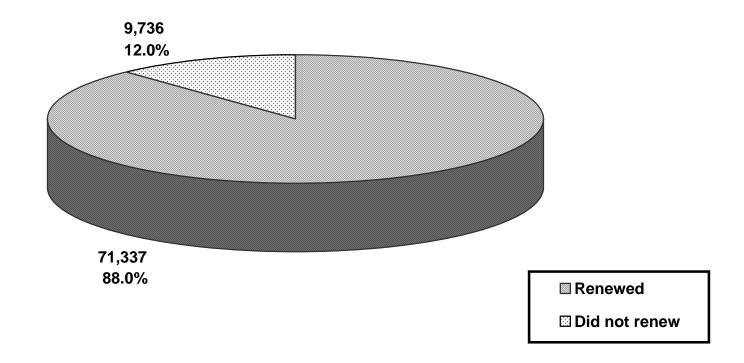
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¹ The information in this preliminary report was updated in 2/2005 based on new information.

Indiana Registered Nurse Survey, 2003

Chart A, 2003 RN License Renewals¹

Of the 81,073 RNs who were up for Indiana license renewal in 2003, 71,337 (88.0 percent) renewed their RN license.



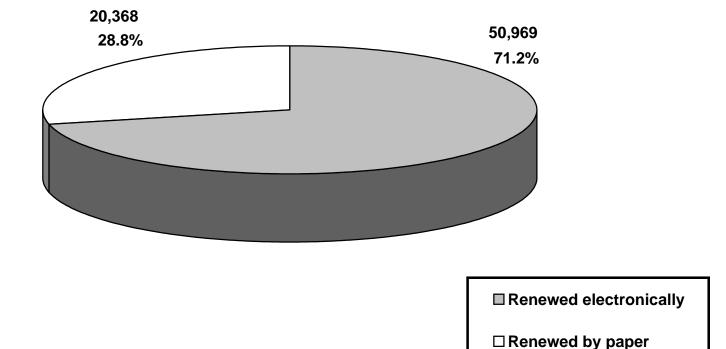
¹ Based on Indiana Health Professions Bureau data as of July 2004.

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Indiana Registered Nurse Survey, 2003

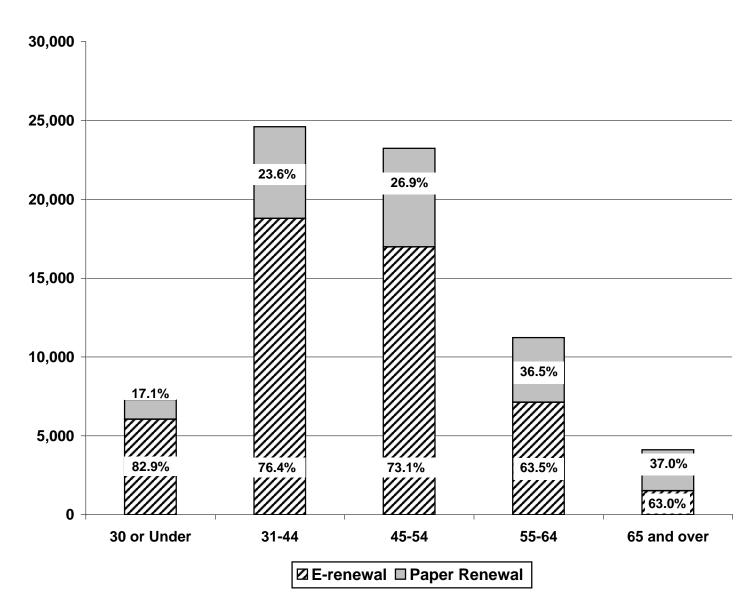
Chart B, 2003 RN License Renewals, by Paper or Electronic Renewal¹

In 2003, RNs were given the choice of renewing electronically or by paper. Of the 71,337 RNs who renewed their license, 50,969 (71.4 percent) renewed electronically, and 20,368 (28.6 percent) renewed by paper.



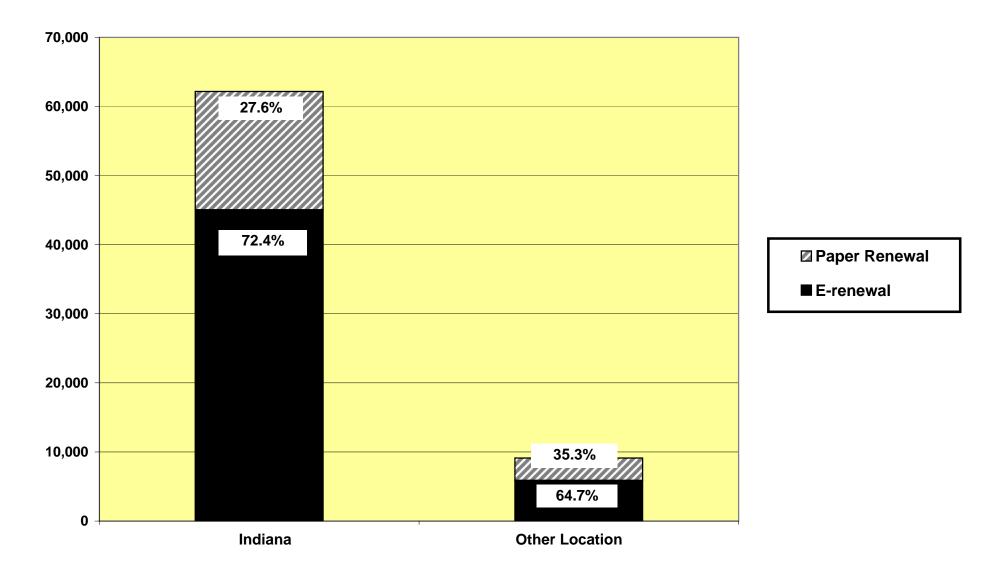
¹ Based on Indiana Health Professions Bureau data as of July 2004.

Chart C, 2003 RN License Renewals by Method of Renewal and Age¹



¹ Based on Indiana Health Professions Bureau data as of July 2004. There were 842 RNs whose birth year data were missing or suspect and who therefore are not included in this chart.

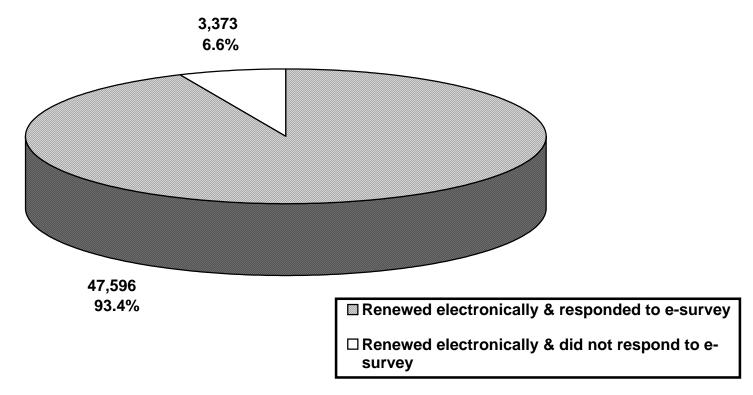
Chart D, 2003 RN License Renewals by Method of Renewal and Location of Mailing Address¹



¹ Based on Indiana Health Professions Bureau data as of July 2004. There were 56 RNs with no state of mailing address and who therefore have been excluded from this chart.

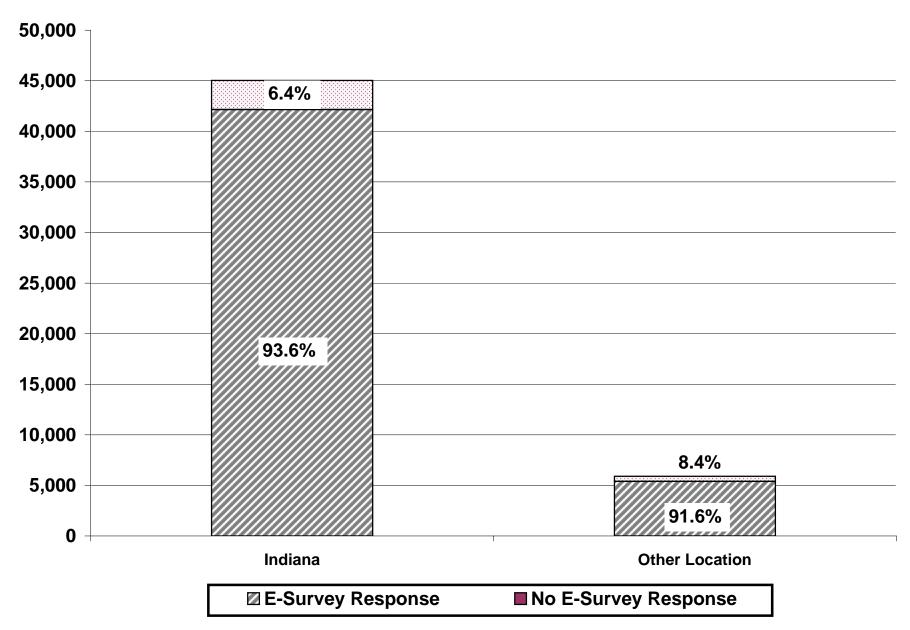
Chart E, Indiana RNs Utilizing E-Renewal, by Response to E-Survey¹

Because of the cost and process issues related to paper surveys, ISDH decided to attach a survey to only the e-renewal, with HPB and BON consent. Of the 50,969 RNs who renewed their license electronically, 47,596 answered at least one question on the e-survey, for a response rate of 93.4 percent.



¹ Based on Indiana Health Professions Bureau data as of July 2004.

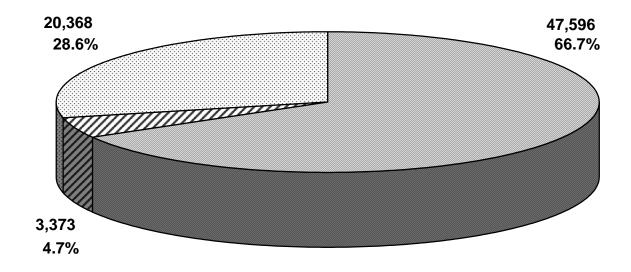
Chart F, 2003 E-Survey Response Rate, by Location of Mailing Address¹



¹ Based on Indiana Health Professions Bureau data as of July 2004. There were 42 RNs for whom the HPB had no state of mailing address and who therefore are not included in this chart.

Chart G, RNs with an Indiana License, by Response to E-Survey¹

The response rate to the e-survey was exceptional for those RNs who renewed their license electronically. However, it is important to keep in mind those RNs who did not renew their license electronically and who therefore had no access to the survey. If these RNs are taken into account, the overall response rate to the e-survey is 66.7 percent, compared to a 93.6 percent response rate for the 2001 RN survey. If the e-renewal rate improves for the 2005 renewal cycle, the e-survey response rate may improve as well.

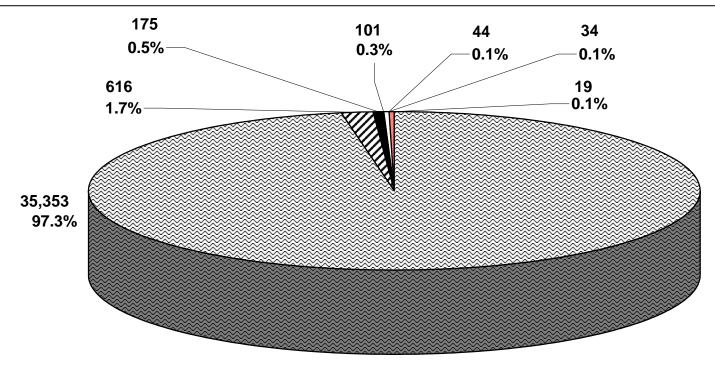


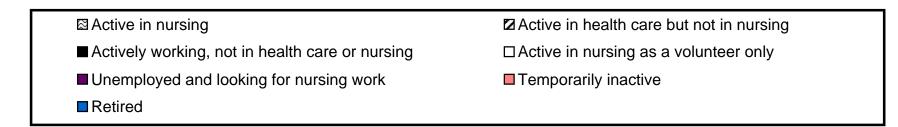
- ☐ Renewed electronically & responded to e-survey
- ☑ Renewed electronically & did not respond to e-survey
- ☑ Did not renew electronically, no access to e-survey

¹ Based on Indiana Health Professions Bureau data as of July 2004.

Chart H, RNs with an Indiana License and a Principal Position in Indiana, by Work Status¹

Of the 47,596 RNs who responded to the survey, 47,378 responded to the "Work Status" question (99.5 percent). Of these, 36,342 reported a principal position zip code (unverified) in Indiana. This number is well below the 45,615 RNs who reported working as a nurse in Indiana in 2001. This lower number is in large measure due to the fact that 20,368 RNs renewed by paper and therefore had no access to the e-survey. By increasing the e-renewal rate and the e-survey response rate, Indiana can garner more comprehensive data on the nurse workforce.

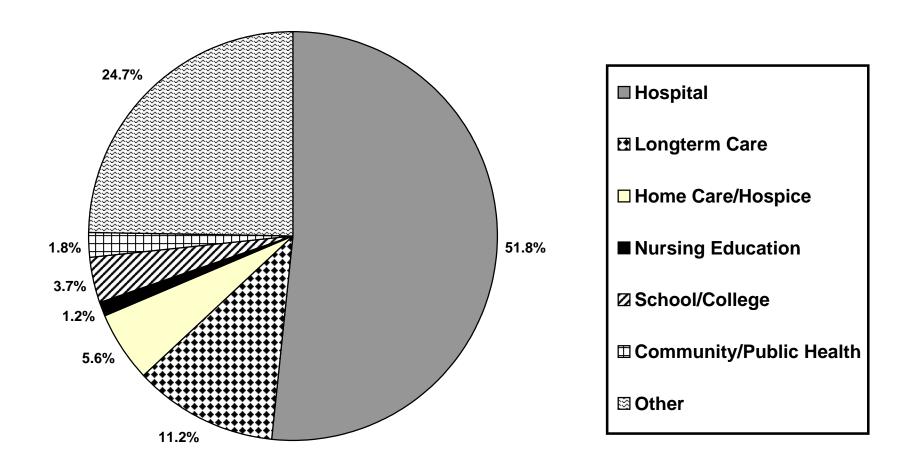




¹ Based on Indiana Health Professions Bureau data as of July 2004.

Chart I, Indiana RNs Renewing by Paper in 2003, by 2001 Principal Position Setting¹

Of the 20,368 RNs who renewed by paper, 17,135 had an Indiana mailing address. These Indiana-resident RNs were matched against the 2001 RN survey database, and it was determined that approximately 61 percent had responded to the 2001 survey. This chart shows the principal position setting of these RNs in 2001. If information on e-renewal and the e-survey is targeted to these settings prior to the 2005 license renewal, it might be possible to raise the e-renewal and e-survey response rates.



¹ Based on Indiana Health Professions Bureau data as of July 2004 and data from the 2001 Indiana RN Survey.

Indiana Registered Nurse E-Survey, 2003

1. CURRENT WORK STATUS. What is your current work status in nursing (including patient care, teaching, administration, or research)? PLEASE SELECT ONLY ONE.

DROP-DOWN LIST

Actively working in a paid position related to nursing (patient care or case management, teaching, administration, or research)

Actively working in a paid position in health care but not in nursing

Actively working, but not in nursing or in health care

Working in nursing, but ONLY on a non-paid basis (e.g. as a volunteer or as part of a religious order)

Unemployed and seeking work as a nurse in Indiana

Temporarily inactive as a nurse

Retired from nursing or permanently inactive as a nurse

2. NUMBER OF NURSING POSITIONS. If you are NOT actively working in a paid position related to nursing, please skip to Question 9. IF YOU ARE ACTIVELY WORKING IN A PAID POSITION RELATED TO NURSING, PLEASE CONTINUE. Do you hold more than one <u>paid</u> position as a nurse (more than one employer)?

DROP-DOWN LIST Yes No

3. PRINCIPAL NURSING POSITION. Please choose the term that best describes your <u>principal</u> position as a nurse (the position in which you work the most hours). PLEASE SELECT ONLY ONE.

DROP-DOWN LIST

Administrator/manager

Case manager/care coordinator

Certified nurse midwife

Certified registered nurse anesthetist

Charge nurse/team leader

Clinical nurse specialist

Continuing education/staff development nurse

Critical care nurse

Diabetes educator

Director of nursing

ER/ED nurse

Faculty in a nursing program

Head nurse or assistant head nurse

Home care nurse

Hospice nurse

Infection control nurse

Longterm care nurse

Nurse clinician

Nurse practitioner

Nursing consultant

Office nurse

Operating room nurse

Quality assurance/utilization review nurse

School nurse

Staff/general nurse

Temporary nurse staffing service

Other

4. PRINCIPAL POSITION LOCATION. Please type the <u>5-digit zip code</u> for your <u>principal position location</u> in the box. If you work in multiple zip codes (for example, if you are a home care nurse and travel to different patients' homes), please put the zip code of the agency/employer at which you are based.

TEXT BOX.

- Do you spend most of your principal position time in the state of Indiana?
 DROP DOWN LIST Yes No
- 6. PRINCIPAL POSITION SETTING. Which of the following best describes the setting where you work at your <u>principal position</u>? PLEASE SELECT <u>ONLY</u> ONE.

DROP-DOWN LIST

Ambulatory care setting (surg./other)

Community health center/clinic

Continuing education/staff development

Drug company

Home health care agency

Hospice

Hospital (in- & out-patient)

Hospital (in-patient)

Hospital (out-patient)

Hospital ER/ED

Hospital operating room

Insurance company

Longterm care facility/unit

Mental health/addictions facility/unit

Nursing education program

Physician/dentist private office

Primary care center/clinic

Prison

Public health department

School/college setting

Urgent care center/clinic Other

7. PRINCIPAL POSITION ACTIVITIES. Please describe the activities in which you spend time in your <u>principal position</u>. PLEASE SELECT <u>ALL</u> THAT APPLY.

DROP-DOWN LIST

Administration

Case management/care coordination

Community health activities

Consulting with agencies/other professionals

Continuing education/staff development

Direct patient care

Financial management

Infection control

Occupational health

Patient education/counseling

Policy and planning

Prenatal care coordination

Public health activities

Quality assurance/utilization review

Staff supervision/management

Teaching nursing students

Other

8. HOURS IN NURSING. How many hours per week on average do you spend in ALL activities in nursing? PLEASE SELECT ONLY ONE.

DROP-DOWN LIST

1-9

10-19

20-29

30-39

40 or more

9. HIGHEST DEGREE IN NURSING. What is your highest degree <u>in nursing</u>? PLEASE SELECT ONLY ONE.

DROP-DOWN LIST

Diploma

Associate

Bachelor's

Master's

Doctorate

10. HIGHEST DEGREE IN ANY FIELD. What is your highest degree <u>in any field</u>? PLEASE SELECT ONLY ONE.

DROP-DOWN LIST

Diploma

Associate

Bachelor's

Master's

Doctorate

11. INDIANA MEDICAL RESERVE CORPS. Would you like to receive information on the Indiana Medical Reserve Corps (MRC)? MRCs will be organized by local health departments or hospitals, and will coordinate the skills of practicing and retired physicians, nurses, and other health professionals who volunteer during emergency situations. If you answer "Yes," to this question and an MRC is started in your area, your HPB information will be provided to the MRC, which may contact you for continuing education, volunteer training or community outreach.

DROP-DOWN LIST Yes No

12. VOLUNTEER SERVICE. Would you be willing to provide services in case of a bio-terrorism event or other public health emergency? If you answer "Yes," we may contact you using your HPB address information.

DROP-DOWN LIST Yes No

Indiana Registered Nurse Survey, 2003

| FIELD | CODE | INFORMATION |
|------------|----------|---|
| ID | | Consecutive numbers assigned to each record in the database for reference purposes. |
| WORKSTAT03 | | Question 1: What is your current work status in nursing? Please select only one. |
| | 1 | Actively working in a paid position in nursing (patient care, case management, teaching administration or research) |
| | 2 | Actively working in a paid position in health care but not in nursing |
| | 3 | Actively working, but not in nursing or in health care |
| | 4 | Working in nursing, but ONLY on a non-paid basis (e.g. as a volunteer) |
| | 5 | Unemployed and seeking work as a nurse in Indiana |
| | 6 | Temporarily inactive as a nurse |
| | 7 | Retired from nursing or permanently inactive as a nurse |
| | , -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| PRINMORE03 | | Question 2: If you are not actively working in a paid position related to nursing, please skip to Question 9. If you are actively |
| | | working in a paid position in nursing, please continue. Do you hold more than one paid position as a nurse (more than one |
| | 1 | Yes |
| | 2 | No No |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| PRINPOS03 | | Question 3: Please choose the term that best describes your principal position as a nurse (the position in which you work the |
| | | most hours. Please select only one. |
| | 1 | Administrator/manager |
| | 2 | Case manager/care coordinator |
| | 3 | Certified nurse midwife |
| | 4 | Certified registered nurse anesthetist |
| | 5 | Charge nurse/team leader |
| | 6 | Clinical nurse specialist |
| | 7 | Continuing education/staff development nurse |
| | 8 | Critical care nurse |
| | 9 | Diabetes educator |
| | 10 | Director of nursing |
| | 11 | ER/ED nurse |
| | 12 | Faculty in a nursing program |
| | 13 | Head nurse or assistant head nurse |
| | 14 | Home care nurse |
| | 15 | Hospice nurse |
| | 16 | Infection control nurse |
| | 17 | Longterm care nurse |
| | 18 | Nurse clinician |
| | 19 | Nurse practitioner |
| | 20 | Nursing consultant |
| | 21 | Office nurse |
| | 22 | Operating room nurse |
| | 23 | Quality assurance/utilization review nurse |
| | 24 | School nurse |
| | 24 25 | Staff/general nurse |
| | 25 26 | |
| | ∠0 | Temporary nurse staffing service |

Indiana Registered Nurse Survey, 2003

| FIELD | CODE | INFORMATION |
|-----------|----------|---|
| | 27 | Other |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| PRINZIP03 | | Question 4: Please type the 5-digit zip code for your principal position location in the box. If you work in multiple zip codes (for example, if you are a home care nurse and travel to different patients' homes), please put the zip code of the agency/employer at which you are based. |
| | | Raw data from Question 466666 indicates that the individual did not renew electronically, therefore no 2003 data exist; -99999 indicates no response. |
| INPRIN03 | | Question 5: Do you spend most of your principal position time in the state of Indiana? |
| | 1 | Yes |
| | 2 | No |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| PRINSET03 | | Question 6: Which of the following best describes the setting where you work? Please select only one. |
| | 1 | Ambulatory care setting (surg./other) |
| | 2 | Community health center/clinic |
| | 3 | Continuing education/staff development |
| | 4 | Drug company |
| | 5 | Home health care agency |
| | 6 | Hospice |
| 1 | 7 | Hospital (in- & out-patient) |
| | 8 | Hospital (in-patient) |
| | 9 | Hospital (out-patient) |
| | 10 | Hospital ER/ED |
| | 11 | Hospital operating room |
| | 12 | Insurance company |
| | 13 | Longterm care facility/unit |
| | 14 | Mental health/addictions facility/unit |
| | 15 | Nursing education program |
| | 16 | Physician/dentist private office |
| | 17 | Primary care center/clinic |
| | 18 | Prison |
| | 19 | Public health department |
| | 20 | School/college setting |
| | 21 | Urgent care center/clinic |
| | 22 | Other |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -0 -9 | No response |
| POSACT03 | | Question 7: Please describe the activities in which you spend time in your principal position. Please select ALL that apply. |
| | | This field lists all activities selected by a professional. The data are formatted as a text string in the form of numbers coded to each activity as listed below. If the professional did not answer the question, -9 appears in the field. If the professional did not renew her/his license electronically, -6 appears in the field. |

Indiana Registered Nurse Survey, 2003

| FIELD | CODE | INFORMATION |
|--------------|------|--|
| | 1 | Administration |
| | 2 | Case management/care coordination |
| | 3 | Community health activities |
| | 4 | Consulting with agencies/other professionals |
| | 5 | Continuing education/staff development |
| | 6 | Direct patient care |
| | 7 | Financial management |
| | 8 | Infection control |
| | 9 | Occupational health |
| | 10 | Patient education/counseling |
| | 11 | Policy and planning |
| | 12 | Prenatal care coordination |
| | 13 | Public health activities |
| | 14 | |
| | | Quality assurance/utilization review |
| | 15 | Staff supervision/management |
| | 16 | Teaching nursing students |
| | 17 | Other |
| | -6 | Professional did not renew license electronically, therefore no data exist. |
| | -9 | Professional renewed license electronically but did not record a response. |
| | | Each activity was also given its own field. If a professional responded to the e-survey and answered Question 7, "1" appears in the cell |
| | | associated with a selected activity. Otherwise the cell will be empty. If the professional did not record a response to Question 7, the cells for |
| | | each activity will have "0" in them. If a professional did not renew her/his license electronically, "-6" will appear in the cells for each activity. |
| | | |
| ADM03 | | Administration |
| CMCC03 | | Case management/care coordination |
| CHA03 | | Community health activities |
| CAP03 | | Consulting with agencies/other professionals |
| CE03 | | Continuing education/staff development |
| DPC03 | | Direct patient care |
| FM03 | | Financial management |
| IC03 | | Infection control |
| OCC03 | | Occupational health |
| PEC03 | | Patient education/counseling |
| PPL03 | | Policy and planning |
| PNC03 | | Prenatal care coordination |
| PHA03 | | Public health activities |
| QAUR03 | | Quality assurance/utilization review |
| SSM03 | | Staff supervision/management |
| TNS03 | | Teaching nursing students |
| OTH03 | | Other |
| DDINI ID OOO | | Outside Outsid |
| PRINHRS03 | | Question 8: How many hours per week on average do you spend in all activities in nursing? Please select only one. |
| | 1 | 1-9 |
| | 2 | 10-19 |
| | 3 | 20-29 |
| | 4 | 30-39 |
| | 5 | 40 or more |

Indiana Registered Nurse Survey, 2003

| FIELD | CODE | INFORMATION |
|-------|------|--|
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| HDN03 | | Question 9: What is your highest degree in nursing? Please select only one. |
| | 1 | Diploma |
| | 2 | Associate |
| | 3 | Bachelor's |
| | 4 | Master's |
| | 5 | Doctorate |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| HD03 | | Question 10: What is your highest degree in any field? Please select only one. |
| | 1 | Diploma |
| | 2 | Associate |
| | 3 | Bachelor's |
| | 4 | Master's |
| | 5 | Doctorate |
| | -6 | Professional did not renew electronically, therefore no 2003 survey data exist. |
| | -9 | No response |
| | | Questions 11 and 12 elicited information on whether professionals wanted to volunteer in case of an emergency. State |
| | | government has designated this information as confidential. |